



King's Research Portal

DOI:

[10.1016/S0140-6736\(17\)31014-0](https://doi.org/10.1016/S0140-6736(17)31014-0)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Booth, H. P., & Gulliford, M. C. (2017). Obesity management in primary care. *Lancet*, 389(10079), 1605-1606.
[https://doi.org/10.1016/S0140-6736\(17\)31014-0](https://doi.org/10.1016/S0140-6736(17)31014-0)

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Obesity management in primary care

Obesity is a growing public health concern that may be neglected in primary care. In one study,¹ 59% of patients with morbid obesity had no record of weight management advice in their primary care records over seven years. The recent study by Aveyard and colleagues² is welcome in exploring the role of brief interventions for obesity in primary care. Net weight loss following their intervention was 1.4 Kg at 12 months. Systematic reviews of randomised trials conducted in primary care, which were not discussed by Aveyard et al., reveal very similar findings.^{3,4} In a review of 15 trials, with 4539 participants randomized, pooled results from meta-analysis indicated a mean weight loss of 1.36 kg (0.63 to 2.10, $P < 0.001$) at 12 months. A review of 12 trials by Wadden et al. reached similar conclusions.⁴

Aveyard et al. argue that their trial tested 'the effectiveness of physicians screening for and opportunistically intervening on obesity' [Page 2, Introduction] but the procedure tested in the trial may be more typical of opportunistic case finding by research staff rather than true population screening. The 'screening' component of the trial was conducted by research staff who measured patients attending the general practice for other reasons. The logistics, costs and impact on workflow of integrating systematic obesity detection into primary care practice are among several factors that must be evaluated before this approach can be recommended.

An obese woman of normal height may need to lose at least 13 Kg in order to regain normal weight. Weight loss of this magnitude is very difficult to achieve.⁵ Loss of 5% of body weight may be more readily achieved, but even this degree of weight loss is not often maintained.⁵ In this context, the generally small effect sizes resulting from brief interventions in primary care are of concern. Strategies for rolling out brief interventions with small effects may not always be cost-effective⁶, and we await the economic evaluation from this study with interest. While the findings of this trial were positive, the uptake of the intervention was relatively low in the trial situation and might diminish further in practice. We question whether

the conclusion that this approach is an 'effective way to reduce population mean weight' [Abstract] is justified and whether this conclusion may distract attention from interventions needed at population- and community-level to prevent the onset of obesity.

Helen P Booth Reseach Associate

Martin C Gulliford Professor

King's College London, Department of Primary Care and Public Health Sciences, Guy's Campus, Addison House, London SE1 1UL UK

References

1. Booth HP, Prevost AT, Gulliford MC. Access to weight reduction interventions for overweight and obese patients in UK primary care: population-based cohort study. *BMJ open* 2015; **5**(1).
2. Aveyard P, Lewis A, Tearne S, et al. Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial. *The Lancet* 2016.
3. Booth HP, Prevost AT, Wright AJ, Gulliford MC. Effectiveness of behavioral weight loss interventions delivered in a primary care setting: A systematic review and meta-analysis. *Family Practice* 2014.
4. Wadden TA, Butryn ML, Hong PS, Tsai AG. Behavioral treatment of obesity in patients encountered in primary care settings: A systematic review. *JAMA* 2014; **312**(17): 1779-91.

5. Fildes A, Charlton J, Rudisill C, Littlejohns P, Prevost AT, Gulliford MC. Probability of an Obese Person Attaining Normal Body Weight: Cohort Study Using Electronic Health Records. *American Journal of Public Health* 2015; **105**(9): E54-E9.
6. Gulliford MC, Charlton J, Bhattarai N, Charlton C, Rudisill C. Impact and cost-effectiveness of a universal strategy to promote physical activity in primary care: population-based Cohort study and Markov model. *The European journal of health economics : HEPAC : health economics in prevention and care* 2013.